PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY THE IRRITABLE HIP

© BCH Emergency Department

1. Perform Complete H&P:

- History: Include duration/course, fever, trauma, weight bearing, tick exposure, rash, recent viral or strep infection, antibiotic use
- Physical Exam: Include vital signs, walking status, and exams of the hip, back, GU, neurologic system, abdomen, complete joint exam, skin. (Exit algorithm if alternative dx made or exclusion criteria met)

2. Criteria for Labs (any of below):

- · Inability to weight bear
- Temp ≥38C or fever documented at home
- Clinical concern for septic hip (e.g. ill-appearing, pain with minimal movement/marked pain with movement)

Criteria for Formal or Bedside Ultrasound (≥2 of below):

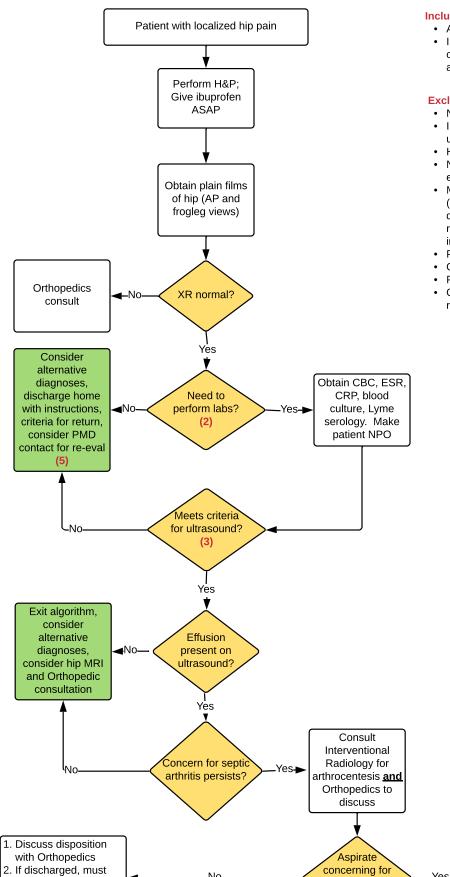
- WBC >12k/mcL
- ESR >40 mm/hr
- CRP >2 mg/dL
- Temp ≥38C
- Persistent inability to weight bear OR high clinical concern (note these two alone are criteria for ultrasound)

4. Fluid Concerning for Septic Arthritis (any of below):

- Joint fluid with >25,000 WBC
- Positive gram stain
- Patient highly concerning for septic joint clinically

5. Discharge Criteria:

- Nontoxic
- Reliable caretaker
- Able to follow-up and return if needed
- Consider PMD outreach from ED





Inclusion Criteria:

- Age 6 mo 18 yrs
- Irritable hip: Pain or limitation of hip with ROM; limp if ambulatory

Exclusion Criteria:

- Non-acute (>1 week)
- III appearing/ hemodynamically unstable
- · History of significant trauma
- Neurovascular compromise of extremity
- Major coexisting disease (including SSD, bleeding, disorder, oncologic, rheumatologic, neuromuscular, immunologic, or bony disorder)
- · Prior hip surgery
- Other joint swelling/pain
- Pain not localized to hip
- On antibiotics (currently or recently)

1. Discuss with

antibiotics

admission

3. Anticipate

septic arthritis?

Orthopedics

2. Hold on empiric

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have PMD or

within 24 hours

Orthopedics follow-up